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NORTH WALSHAM URBAN DISTRICT COUNCIL.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

including the report of the

PUBLIC HEALTH INSPECTOR

for the

YEAR 1958.

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# MEMBERS OF THE NORTH WALSHAM URBAN DISTRICT COUNCIL.

As at 31st. December, 1958.

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CHAIRMAN.

+ Mr. F.J. Bloom, J.P.,

Vice-Chairman.

+ Mr. E.W. Harmer

+ Mr. R.A. Dorman

+ Mr. L. Evans

+ Mr. J.E. Fisher

+ Miss E. Lumb

+ Mr. C.G. Hipperson

Mr. H.J.W. Osborne

+ Mr. A.E. Potter

Mr. E.P. Rackstraw

+ Mrs. V.J. Randell (Mrs. Randell's death has unfortunately occurred since the year under report.)

+ Mr. N. Stanley

Mr. E.G. Vincent

+Member of the Public Health Committee

## OFFICERS OF PUBLIC HEALTH DEPARTMENT.

### MEDICAL OFFICER OF HEALTH.

Dr. G.R. Holtby, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

### SURVEYOR & PUBLIC HEALTH INSPECTOR.

Mr. L.J. Foster, A.F.S., A.M.I.S.E., M.A.P.H.I.





NORTH WALSHAM URBAN DISTRICT COUNCIL.

Council Offices,  
New Road,  
NORTH WALSHAM.

To the Chairman and Members of the  
Urban District Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1958. This is the 11th Report to be presented since the coming into force of the National Health Service Act, 1946.

"Half a century ago, the then reigning monarch made the well known enquiry, 'If preventable, why not prevented?' Thus was reflected the optimism, assurance and belief in continued progress of the age".

This was the opening paragraph of an article by Dr. Thomson of the Ministry of Health entitled "The Changing Pattern of Disease". I propose to make use of some information from that article for this introduction to the Annual Report on the Health of the District for 1958.

No apology is necessary for including in this account of the health of the district, a survey of the nation's health over a number of years. Apart from its general interest, knowledge of the whole is necessary to understand properly the part. Listeners to the B.B.C. breakfast magazine "To-Day" may remember the statistician talking about the number of girl and boy babies born. He said that more boys were born than girls. He then got into considerable difficulties because weekly reports from a large maternity hospital gave a considerable excess of girls. This was because the sample was too small. In medicine as in other disciplines, this danger must be constantly borne in mind. Because one or two patients get better with a particular treatment, this does not prove its worth - many other factors may be operative.

A look into the past may be interesting. It loses much of its value if it does not help us to orientate ourselves in the present and for the future. Public Health work to-day is concerned so much with routine work - recently the Doctors in the service so much with injections, and the clerical staff with their organization and arrangement, that although there have been many other duties to do there seems to have been little time for thought. Public Health Inspectors probably feel the same about meat inspections:

King Edward VII in the remark quoted above was referring to tuberculosis. Progress in that field since then has justified his optimism. Let us look at some other scourges of the past and in order to do so divide life into 5-age groups -.

- (1) The pre-school child
- (2) The school child
- (3) Adolescent and young adult.
- (4) Middle age
- (5) Old age.

First, however, let us consider progress generally in the health field in the first half of this century. Indication of this improvement is the increase of life expectancy. In 1906 it was for males at birth, 50, and for females 53; the corresponding figures in 1955 were 68 and 73 years respectively. These figures reflect the great advance which has taken place especially in infant care.

With the falling rate has come a marked change in the relative importance of the various causes of death. Besides a decline in infant and maternal deaths there has been a greatly decreased risk from infective disease. No longer are epidemics a major threat to young life and with the resultant shift in age distribution other diseases are assuming greater relative importance. Notable amongst these are neo-plasms or new growths, which have increased three-fold in importance, vascular lesions of the central nervous system, and cardiac disease which has now over a quarter of all deaths ascribed to it. In the nation's mortality this last category now occupies the predominant place taken by communicable disease at the beginning of the century.

All through this century male mortality at all ages has exceeded female, except in the earliest years, when in school life the death rate in girls was higher due largely to the greater toll from tuberculosis. This sex disparity, most marked in middle age, has increased and now the male mortality rate in the age group 45 to 64 years is 75% greater than the female.

To deal now with

- (1) Pre-school child.

Diarrhoea and Epidemic Diarrhoea were most commonly given as the cause of death in infants at the close of the last century and the beginning of this. Since then this disease has declined steadily, except for sharp outbreaks during the hot summers of 1911 and 1921. The cause of this summer diarrhoea is unknown



and it seems probable that the infantile diarrhoea of the present day, with its high incidence in winter may be of different causation.

Pneumonia and bronchitis are still, as in 1906, of importance as causes of death, particularly in the first 12 months of life. On the other hand congenital malformations have greatly increased in relative importance since then. Over one-third of the deaths in this category are due to heart defects.

Convulsions, tuberculosis and measles have ceased to be leading causes of death in the pre-school child, being replaced by accidents and violence, and neo-plasms. On a detailed analysis it is found that one-quarter of the accidental deaths are at present due to inhalation of food causing suffocation; leukemia is responsible for 40% of the deaths classed as neoplasms.

## (2) School child.

This age group has by far the lowest death rate of those under review and has most benefitted from the sharp decline in the influence of the infectious diseases. Apart from the disappearance of the common infections as a cause of death, the most striking changes are the sharp decline in importance of tuberculosis and the dominant parts now played by the two causes, accidents and violence, and neoplasms which between them are responsible for about one-half of all deaths. At present nearly half the accidental deaths in both sexes involve motor vehicles.

## (3) Adolescence and Younger Adult.

The main feature here is the much decreased mortality from tuberculosis which in 1906 accounting for one-third of all deaths was by far the most important disease. Neo-plasms form the only category in which the death rate has increased and it has taken the place of tuberculosis as the leading cause of death. Better hygienic conditions and modern care are reflected in the disappearance of enteric fever and puerperal sepsis as leading causes of death, whilst a new-comer to the list of major diseases is the classification made by all maladies of the stomach and duodenum, amongst which duodenal ulcers affecting males in particular are by far the most common.

(4) Middle Age.

In this age group, the chief change which has occurred in the past half century is the increasingly large proportionate contribution made to mortality by the three main groups - neoplasms, cardiac disease and vascular lesions of the central nervous system. The mortality rates from these causes have declined comparatively little and now they account for almost two-thirds of all deaths.

The decline in mortality from tuberculosis has made the chief contribution to the group's better health, helped by the disappearance of infections of the kidney and liver as major diseases. As in the previous group diseases of the stomach and duodenum have assumed greater importance.

At the beginning of the century the mortality rate in males from 45 to 64 was 29% greater than in females of the same age group; this has now increased to 74%. On detailed examination it is found that the leading diseases have been responsible for this widening differentiation.

(5) Old Age.

With the improvement of the nation's age, this age group has become numerically much more important. For whereas in 1906 only approximately one person in every twenty was over 65 years of age, now the ratio is one in every 10. Although the difference in the death rates in the sexes is not so marked as in middle life, the male ratio has become proportionately greater in the past 50 years. A precise comparison in the causes of death in the elderly in the two periods is not possible, since at the beginning of the century over one-fifth of the total were certified as due to the ill-defined "old age". At present the chief causes of mortality are similar to those of middle age.

What lessons can be drawn from this survey? It would at first sight appear that the emphasis in Infant Welfare work should be transferred to a later age group, middle age, but is this really so, or should we look for the seeds of disease in infancy or even in the womb? So far as mental health is concerned this is certainly so, for the most important factor for mental health throughout life is a healthy emotional relationship between the mother and her baby. This is not to say that we have reached the limit of what we can do for the physical health of infants, and perhaps the most easily effected improvement in infant health will be achieved if adults can appreciate the danger of transmitting respiratory infection to the very young.



Infant Welfare Clinics have received some criticism in recent years and it has even been suggested that their day is past. In fact, however, with the mothers themselves, they are more popular each year. It is, of course, very important that there should be no conflict of advice between that given by the clinic doctor and the patient's family doctor.

The decline in the infections probably helped by a variety of factors has led to the major advance in the health of the school child. A reduction of the number of accidents now offers the most immediate prospect of improvement in this group and further benefit would be achieved if the emerging virus infections could be controlled.

Between 15 and 44 years the decline in tuberculosis has made the major contribution to the fall in the death rate, but despite notable advances in its control, it has not yet been conquered and still causes much ill health. As with other infections, many fundamental problems remain to be solved. For example, the reasons for the high resistance and low death rate in the age group 5 to 15 years manifest in 1906 as to-day, is still unknown.

By contrast with the three youngest age groups, the trend in the middle age group, 45 to 64 years, has been much less satisfactory, especially in the case of males. It is the betterment of the physical lot in this section of the population that now challenges preventive medicine. The reason for their chief causes of death requires much thought and research, particularly epidemiological studies, that is, consideration of the experience of large numbers of individuals over a period of time.

A cause of much chronic minor ill health is rheumatoid arthritis and here again knowledge of its causation is very scanty.

The Registrar General estimated the mid-year population as 4,800, compared with 4,790 in 1957, an increase of 10. There were 63 live births and 73 deaths, giving a natural decrease of 10. There was thus a small movement of people into the district. The crude birth rate is 13.12 and crude death rate is 15.2 per thousand of the population. By use of the comparability factor supplied by the Registrar General the birth rate becomes 14.83 and the death rate 11.7. The purpose of this factor is to modify local rates to those of a population with an age and sex distribution of England and Wales as a whole. The standard rates for England and Wales are Birth Rate 16.4 and Death Rate 11.7.

The principal causes of death were Cardio-vascular disease and the various cancers which represent 35.6% and 20.6% of all deaths respectively. Throughout the country as a whole cancer of the lung still presents an enormous problem and there has been no evidence produced to displace heavy cigarette smoking over a long period as the most important factor in its causation.

Work continues on the causes of coronary thrombosis and the protective value of exercise, together with the danger of overeating particularly fatty foods, seem to be becoming established.

It has been shown that the danger from tuberculosis is now much less than it used to be at most periods of life. Modern methods of treatment and improvement in the standard of living - including better nutrition, housing and hygiene - have combined to produce this happy result, and a decreasing natural virulence of the tubercle bacillus is probably also a factor.

The disease is not yet eradicated, however. A reservoir of infection still persists in elderly people with unsuspected disease, particularly elderly men, who may have been suffering from a chronic cough thought to be due to bronchitis, for a long time. Some of these cases may be due to tuberculosis and this possibility should be borne in mind, and receive adequate investigation. It would be advisable to have a chest x-ray taken of all elderly people entering hospital or a home, if there is any possibility of this complaint being present. This measure would obviate much concern and work later on.

B.C.G. Vaccination against Tuberculosis is now carried out by Medical Officers of the Health Department on those school leavers who are shown by test to be suitable for it, and by Medical Officers of the Chest Clinic on contacts of cases. In the Annual Report for 1957 of the County Medical Officer, the Chest Physician Dr. A.H.C. Couch says that he hopes it will not be long before frequent tuberculin tests will be a routine part of all school medical examinations, not merely those of leavers. The knowledge of a recent tuberculin conversion should be a signal for a determined effort to find the source of this conversion which, in most instances will be in the restricted environment of the school child. Dr. Couch adds that there has been some improvement in the rehousing of tuberculous families, but the lack of easy transfer to areas where suitable employment can be found is still a considerable hardship in the resettlement of tuberculous patients.



Also, "the difficulties met with in helping the treated patient to get back to work are still very formidable and present some of the most difficult aspects of the complete treatment of the tuberculosis patient. Patients who have a suitable job to return to, or who have previously worked for a large organisation who can offer suitable work are fortunate, but for the majority of patients the search for suitable work is a long and frustrating one and it is disappointing that the Disablement Resettlement Officers of the Ministry of Labour are unable to help a large number of such patients".

Since 1955, the District has been a Specified Area in which only Specially Designated milk may be sold, that is pasteurised tuberculin tested or sterilized milk. As has been pointed out previously there is still a loop-hole by which infected raw milk may be drunk when milk from a "house cow" is used by the owner or his employees. Veterinary surgeons of the Ministry of Agriculture are in process of testing all cattle within the area, which for their purpose is known as an Eradication area for infection with tuberculosis. All those found to be infected are being eliminated and it is hoped by that the end of 1959 the Area will be an Attested Area in which all the cattle have been tested. Testing will then proceed at periodic intervals, but there is still one possible loop hole and danger of infection of milk. This is if a person suffering from tuberculosis is employed as a milker. He might then infect the cattle or the milk between the periodical tests carried out by the Ministry. For this reason it is important that the health of milkers should receive particular attention. Any who are below par should consult their family doctors and future visits of the mass miniature radiography unit might well be concentrated into areas suitable for cowmen to attend. The latter should be encouraged to take every opportunity to have a chest examination.

It is hoped, however, that tuberculosis acquired from milk will become much less frequent. Undulant Fever acquired by drinking milk infected with *Brucella Abortus* will probably become a greater danger. Pasteurisation should kill this organism but tuberculin tested milk which is not pasteurised may contain it. The disease in human beings is long lasting and can be a great nuisance and in some cases dangerous, and it is therefore hoped that bulk sampling by the County Public Health Department will continue even after testing for tuberculosis ceases when the area becomes an "Attested" one.



Cysticercosis Bovis is the larval stage in cattle of a tape worm which in mature form occurs in the bowel of man. Infected meat can be a possible source of danger to human beings, but there is in fact little evidence at present that much infection actually occurs. This is probably largely due to the thorough inspection of meat by the Public Health Inspectors. Ideally, of course, the deposition of crude sewage on pasture land for cattle should not take place as this may be the way in which they become infected. In practice, in rural areas where main drainage is not yet complete the disposal of sewage is very difficult.

Details of environmental hygiene and the improvements which are being made are given in Sections C, D and E which are contributed by the Surveyor and Public Health Inspector. By the end of the year plans were in preparation for a small extension to the existing water mains in Mundesley Road and plans were finalised for the proposed improvement of the sewerage works.

The housing position at the turn of the year was that plans were afoot to build new houses to replace those due for demolition under slum clearance, and there were also plans in preparation for a block of 8 flats to house single persons in Cherry Tree Lane. The new much needed public conveniences for the town were commenced during the year.

Much work has been carried out during the year to enforce the provision of the Food Hygiene Regulations which are aimed at improving the hygiene of food establishments by the provision of better washing facilities, etc. Some details are given in Section 'C'.

The care of the handicapped, including mentally handicapped within the community continues to require thought, care and time from voluntary workers as well as from those concerned with the Statutory provisions. Much can be achieved by devoted interest and again I would like to commend the work of the Norfolk Association for the Care of the Handicapped. The importance of registration both with the County Council and the Voluntary Association should be urged on all handicapped people as without registration the benefits available cannot be brought to their notice.

During the year it was not necessary to take action under Section 47 of the National Assistance Act in this District. One is naturally reluctant to use compulsion to get an old person into a home or hospital even when there is no doubt of the necessity for their admission. However, I would hesitate to say that it should never be used. My experience in other districts and my reading of the literature has persuaded me that

on occasions it is the best step and seen as such by the elderly person concerned at a later date.

Every district in the country has its problem families, and on them are spent much time and work by many agencies. They produce at times even some acrimony, because there is a natural tendency to feel that as they are the less reputable of the families in a neighbourhood, they should receive no priority over the hard working majority. Without constant attention, however, and many a "leg up" their condition will inevitably deteriorate, and often better housing is essential as a first step in their rehabilitation, although a reluctance to grant this is understandable.

In Norfolk, the County Children's Officer has been appointed the Co-ordinating Officer to deal with these cases and takes the chair at Problem Families Conferences. Case Conferences instituted in 1957 are held twice yearly in Area 1. At these meetings all difficulties associated with local problem families are discussed and decisions made regarding action to be taken in each case. The following departments and agencies are represented at these Conferences:-

Children's Department:	Public Health Department (A.C.M.O's., Welfare Officers, Health Visitors, Home Help Organiser.)
Education Department:	Social Services Department:
Probation Services:	Representatives from District Councils:
N.S.P.C.C.:	Norfolk Diocesan Council for Moral Welfare:
National Assistance Board.	

The main task of the doctors in the Health Departments throughout 1958 was to carry out large numbers of poliomyelitis inoculations, and the administrative staff have had a very difficult time keeping pace with the demand for them. The uncertainty and irregularity of supplies - particularly supplies of British Vaccine - extension of the age groups eligible for vaccination, and the offer of choice between American and British brands added to the administrative difficulties. During the year a total of more than 8<sup>1</sup>/<sub>2</sub>-thousand people, including more than 8-thousand children, were inoculated against poliomyelitis in Area No. 1. Approximately 75% of the children eligible for vaccination accepted the offer.



School children were inoculated by Medical Officers of the Health Department and General Practitioners also assisted with the inoculations for pre-school children and expectant mothers. They were very co-operative in working at sessions arranged for them either at their surgeries or on County Council premises.

Since the inception of the campaign in 1956, 11-thousand inoculations had been carried out in Area 1 by the end of 1958. Details are given in the table in the body of the report.

The majority of inoculations carried out during the year have been for poliomyelitis, but another danger has now been identified, particularly in East Anglia. This is the possibility of Tetanus which may follow injury, the injury sometimes being so trivial as to be disregarded. Fortunately active immunisation against the disease can now be carried out and this is preferable to the injection of serum following an injury, as serum gives merely temporary passive protection and is not itself without danger. Active immunity can be produced by 3-injections. The first and second at an interval of 3 to 12 weeks with the third after 2 to 12 months. This gives immunity for 5-years. Further protection can be given, if necessary by another injection in the event of injury. If it is over 5-years since the last booster a dose of serum (A.T.S.) is necessary while permanent immunity is being established.

During the winter months it is fortunately possible to combine the injections against tetanus with those against diphtheria and whooping cough in the "triple reagent", thus cutting down the number of injections which a baby requires in its first year of life.

In conclusion, I wish to thank the Chairman and Members of the Public Health Committee for their continued support, and the Clerk, Surveyor and Public Health Inspector and members of the Public Health Department for their efficient help which have continued during this year as in previous ones.

I have the honour to remain

Ladies and Gentlemen,

Your obedient servant,

G.R. HOLTBY.

October 23rd. 1959.

Medical Officer of Health.



## SECTION 'A'

### NATURAL AND SOCIAL CONDITIONS.

AREA - (in acres) 4,256. The District consists of the town of North Walsham with a surrounding district entirely rural in character. The main industries in the town are a Canning Factory and a Laundry. The town is probably one of the most conveniently situated Market Towns in Norfolk and by virtue of its fine position it is extremely healthy. Subsoil is of sand and gravel and the town receives the bracing air from the sea which is also close at hand.

POPULATION. The Registrar General has estimated the population for mid-year 1958 to be 4800.

NUMBER OF INHABITED HOUSES. According to the Rate Book, the number of Inhabited Houses in the District is 1,798, the Rateable Value being £54,213. The sum represented by a Penny Rate is £218.

# SUMMARY OF VITAL STATISTICS.

Area in acres	4,256
Population (Registrar General's mid-year estimate	4,800
No. of Inhabited Houses according to Rate Book	1,798
Rateable Value of all premises	£54,213
Sum represented by a Penny Rate.	£218

	Nth. Walsham U.D.C.	England and Wales
Live Births	63	
Live Birth rate per 1,000 population	13.1	16.4.
Still births	1	
Still-births rate per 1,000 live and still-births	15.6	21.6.
Total live and still births	64	
Infant deaths	3	
Infant mortality rate per 1,000 live births - total	47.6	22.6
Infant mortality rate per 1,000 live births - legitimate	53.6.	
Infant mortality rate per 1,000 live births - illegitimate	00.0	
Neo Natal mortality rate per 1,000 live births (first four weeks)	47.6.	16.2
Illegitimate live births per cent of total live births	11.0.	
Maternal deaths (including abortion)	Nil	
Maternal mortality rate per 1,000 live and still births	00.0	

# BIRTH RATE, DEATH RATE, ANALYSIS OF MORTALITY & CASE RATES

## FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1958.

England  
& Wales.

North Walsham  
U.D.C.

Rates per 1000 population  
Standard Rate per  
thousand

### BIRTHS

LIVE	16.4	14.83	13.12
STILL	21.6	17.65	15.62

### DEATHS

All causes	11.7	11.7	15.2
Whooping Cough	-	-	-
Diphtheria	-	-	-
Tuberculosis	-	-	-
Influenza	-	0.16	0.21
Acute Poliomyelitis (including Polioencephalitis)	-	-	-
Pneumonia (Broncho)	-	0.80	1.04
Bronchitis	-	0.16	0.21

### NOTIFICATIONS (Corrected)

North Walsham U.D.C.  
Rates per 1000 population.

Tuberculosis - Pulmonary	0.42
Typhoid Fever	0.00
Paratyphoid Fever	0.00
Meningococcal Infection	0.00
Scarlet Fever	0.42
Whooping Cough	0.00
Diphtheria	0.00
Erysipelas	0.00
Smallpox	0.00
Measles	23.00
Pneumonia	0.00
Acute Poliomyelitis (including Polioencephalitis) -	
Paralytic	0.00
Non-Paralytic	0.00
Food Poisoning	0.00
Puerperal Pyrexia	0.00
Infective Hepatitis	0.00
Dysentery	0.00

### DEATHS

England  
& Wales

North Walsham  
U.D.C.

All causes under 1 yr. of age	23.0	14.3
	22.6	47.6

NOTES: (a) per 1000 total (Live and Still) Births  
(b) per 1000 related Live births.



# INDIVIDUAL CAUSES OF DEATH.

	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
1. Tuberculosis - respiratory	-	-	-
2. Tuberculosis - other	-	-	-
3. Syphilitic disease	-	1	1
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infection & parasitic diseases	1	-	1
10. Malignant neoplasm of stomach	1	-	1
11. Malignant neoplasm of Lungs & Bronchus	3	-	3
12. Malignant neoplasm of breast	-	2	2
13. Malignant neoplasm of uterus	-	1	1
14. Other malignant and lymphatic neoplasms	4	4	8
15. Leukaemia, aleukaemia	1	-	1
16. Diabetes	-	-	-
17. Vascular lesions of nervous system	1	8	9
18. Coronary disease - angina	7	4	11
19. Hypertension with heart disease	1	2	3
20. Other heart diseases	5	5	10
21. Other circulatory diseases	1	1	2
22. Influenza	-	1	1
23. Pneumonia	2	3	5
24. Bronchitis	1	-	1
25. Other diseases of respiratory system	-	1	1
26. Ulcer of stomach and duodenum	-	-	-
27. Gastritis, enteritis & diarrhoea	-	-	-
28. Nephritis and nephrosis	-	-	-
29. Hyperplasia of prostate	1	-	1
30. Pregnancy, childbirth and abortion	-	-	-
31. Congenital malformation.	1	-	1
32. Other defined and ill-defined disease	3	4	7
33. Motor vehicle accidents	1	-	1
34. All other accidents.	1	1	2
35. Suicide.	-	-	-
36. Homicide and operations of war.	-	-	-
ALL CAUSES	35	38	73.

# INFANTILE MORTALITY DURING THE YEAR 1958.

<u>Causes of Death</u>	<u>Under 1 wk.</u>	<u>1-2 wks.</u>	<u>2-3 wks.</u>	<u>Total under 1 mth</u>	<u>1-3 mths.</u>	<u>3-6 mths.</u>	<u>6-9 mths</u>	<u>9-12 mths.</u>
Atelectasis	-	-	-	-	-	-	-	-
Convulsions	-	-	-	-	-	-	-	-
Gastro-enteritis	-	-	-	-	-	-	-	-
Bronchitis (acute)	-	-	-	-	-	-	-	-
Pneumonia (primary)	-	-	-	-	-	-	-	-
Broncho-pneumonia	-	-	-	-	-	-	-	-
Prematurity	2	-	-	2	-	-	-	-
Inter. Cranial Haemorrhage	-	-	-	-	-	-	-	-
Congenital anaemia	-	-	-	-	-	-	-	-
Congenital malformation	1	-	-	1	-	-	-	-
Haematemesis	-	-	-	-	-	-	-	-
<b>TOTALS</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

Vital Statistics of the District for 1958 and previous years.

Comparative Table with England and Wales for past ten years.

<u>YEAR</u>	<u>Birth rate per 1000 population.</u>		<u>Death rate per 1000 population</u>		<u>Infant Mortality rate per 1000 population.</u>	
	<u>England &amp; Wales</u>	<u>N.Walsham U.D.C.</u>	<u>England &amp; Wales.</u>	<u>N.Walsham U.D.C.</u>	<u>England &amp; Wales.</u>	<u>N.Walsham U.D.C.</u>
1948	17.9	16.3	10.8	13.2	34.0	54.0.
1949	16.7	16.5	11.7	13.9	32.0	Nil
1950	15.8	15.5	11.6	11.1	29.8	13.7
1951	15.5	10.2	12.5	10.7	29.4	27.4
1952	15.3	12.58	11.3	14.3	27.6	Nil
1953	15.5	13.78	11.4	10.4	26.8	30.7
1954	15.2	14.55	11.3	12.70	25.5	Nil
1955	15.0	12.53	11.7	10.44	24.9	16.7
1956	15.7	11.04	11.7	11.06	23.8	Nil
1957	16.1	14.61.	11.5	10.44	23.0	14.3
1958	16.4	13.12	11.7	15.2	22.5	47.6.



## SECTION 'B'

### GENERAL PROVISION OF HEALTH SERVICES.

North Walsham Urban District is included with Smallburgh Rural District and Blofield and Flegg Rural District to form No. 1 Area of Norfolk County Council for the purpose of carrying out the duties for which the County Health Authority has accepted responsibility under the National Health Service Act, 1946. These include the care of Mothers and Young Children, Midwifery Service, Health Visiting Service, Home Nursing Service, Vaccination and Immunisation, Prevention of Illness, Care and After-care, Domestic Health Service and Mental Health Service. Some of these services along with the School Health Service in the area are the responsibility of the Area Medical Officer, who also acts as Medical Officer of Health of the three County Districts comprising Area No. 1 referred to above.

### NATIONAL HEALTH SERVICE ACT, 1946.

#### Local Health Services under Part III.

##### Home Nursing, Midwifery and Health Visiting.

These are attended to by two District Nurses and one Health Visitor.

Infant Welfare Centre - George Edward Memorial Hall,  
North Walsham (2nd Thurs. each month)

A centre is established at the North Walsham Secondary Modern School for:-

Dental Clinic	.....	4 sessions weekly
Speech Clinic	.....	1 session weekly
Minor Ailments Clinic	.....	1 session weekly

General Welfare Services, are under the supervision of the Norfolk County Council's Local Welfare Officer, Mr. D.R. Ingham, whose office - established in the North Walsham Council Offices, - is attended daily. Fourteen persons were admitted by the Welfare Officer to Chronic Sick Hospitals, County Homes and Mental Hospitals during the year.



HOME HELP SERVICE. The Home Help Service is administered from the Area Local Health Office, Aspland Road, Norwich and an average of nine cases were assisted each week throughout the year. Applications for assistance are addressed to the Welfare Officer at his North Walsham office. In addition to cases dealt with under this service, the Welfare Officer was able to arrange for other cases to be assisted by obtaining Domestic Assistance Allowance from the National Assistance Board.

AMBULANCE FACILITIES. The maintenance of an adequate ambulance service is the liability of the Norfolk County Council. This duty is discharged through the St. John Ambulance Brigade and the British Red Cross Society on substantially the same lines as those operating before the 5th July, 1948.

VACCINATION AND IMMUNISATION. These are carried out by the General Medical Practitioners and by Assistant County Medical Officers.

LABORATORY FACILITIES. Facilities for laboratory investigation are to be had at the Public Health Laboratory, Bowthorpe Road, Norwich.

NATIONAL ASSISTANCE ACT, 1948 (Section 47) (Removal to Suitable Premises of Persons in need of Care and Attention.) No action was necessary during the year.

## SECTION 'C'.

### SANITARY CIRCUMSTANCES IN THE DISTRICT

#### WATER SUPPLY

Source. All main water is pumped from underground workings in chalk deposits at the Southern end of the town. It is passed through Candy filters for the removal of iron and chlorination is carried out giving a residual of 0.2 parts per 1,000,000. The water is then temporarily stored in two water towers before distribution. Outlying districts of the town are still supplied by individual shallow wells.

Tests. Nine bacteriological samples of mains water were taken, one being reported upon as being unsatisfactory, the remainder excellent. A further sample was taken at the same premises from which the unsatisfactory sample was originally taken and was subsequently reported to be excellent.

Five bacteriological samples of well water were taken, two reported as being satisfactory and the remainder unsatisfactory. One chemical analysis of mains water was made during the year and was found to be satisfactory.

Supply. At all times an adequate volume of supply was maintained. However, during the year a number of complaints were received from the Happisburgh Road area relating to poor water pressure and following this, a series of recorded pressure tests were taken throughout the town. Subsequently the Council decided to prepare a scheme for improving water pressure in Happisburgh Road by means of a new 6" trunk main from the Waterworks direct to the affected area, linking in with an existing 3" main.

#### SEWERAGE.

No further properties at present using earth closets or cesspools were connected to main drainage during the year, generally because sewers are not available for these properties in outlying districts of the town.

Trade waste continued to be accepted from the Norfolk Canneries, Ltd., and the North Walsham Steam Laundry.

The Norfolk Canneries continued to co-operate throughout the year in taking care to use their balancing tanks so that effluent from the works is discharged evenly throughout a 24 hour day.

Following complaints of smell nuisance in the Market Street and Mundesley Road area an investigation was made when it was found that smells from the main sewer taking the Norfolk Canneries effluent were passing via domestic soil vent pipes into the open air adjacent occupied dwellings. The Council decided, with the co-operation of the Norfolk Canneries, to arrange for the installation of interceptor traps to the private drains of the properties affected in the hope that the smell nuisance would be abated. Preparations for the scheme were made towards the end of the year.



Pollution of Rivers & Streams. Drainage ditches were inspected during the year and cleaned out as necessary. Effluent discharged from the sewage works continued to be reported upon from time to time as falling well below the Royal Commission's standard and an overflow of sewage unfortunately continued to be discharged improperly from the overloaded Bacton Road sewer during the periods of heavy effluent discharge from the Norfolk Canneries, Ltd. Technical discussions were continued with the Consultants, Messrs. J.D. & D.M. Watson, and their proposals for enlarging the Sewage Works and for enlarging the Outfall Syphon between Bacton Road and the Works received final approval by the Council.

Sewage Works. In order to relieve the loading of the filter beds a system of recirculation of final effluent back to the inlet side of the filters was maintained throughout the year.

Night Soil Collection. This has been fully maintained and at the end of the year 72 properties were being served.

Public Sanitary Accommodation. The present public conveniences have been maintained and cleansed as well as possible having regard to their deteriorating condition. During the year plans for the erection of a new block of public conveniences in the Butchery were approved by the Council and a start was made on their construction. Sanitary accommodation in the Memorial Park was maintained satisfactorily.

Prevention of Damage by Pests Act, 1949. One part-time trained Rodent Operator is employed by the Council for the destruction of rats and mice and the methods used are those recommended by the Ministry of Agriculture. All of the Council's properties, sewers, refuse tips and sewage works received disinfection treatment.

Collection & Disposal of Refuse. Collection of domestic and trade refuse was carried out satisfactorily during the year. Controlled tipping continued to be carried out. One side-loading refuse vehicle was in use and a regular weekly collection of refuse was maintained. Owing to the rapidity with which the refuse tip at Worstead appeared to be filling up it was found necessary to search for alternative sites, and during the year investigations were made into sites in Frog Lane, Worstead, and the Holgate Road area of North Walsham.

## SECTION 'D'

### HOUSING.

A Demolition Order was made in respect of one property and Closing Orders made on two properties. The Council continued to make improvement grants in accordance with the provisions of the Housing Act, 1949 as amended by the Housing Repairs and Rent Act, 1954, and by the end of the year a total of seven had been made.

Council Houses. No council houses were erected during the year but plans were completed for the erection of four semi-detached bungalows and eight semi-detached houses on a site in Buxton Road, as replacements for houses demolished under the proposed Slum Clearance Programme. The Council also approved proposals for the erection of two pairs of semi-detached houses in Burton Avenue and a block of eight one-bedroom flats in Coronation Walk, all to the design of Messrs. Unity Structures, Ltd.

Private Dwellings. Eight bungalows were completed during the year and seven more were in course of erection at the end of the year.



## SECTION 'E'

### INSPECTION & SUPERVISION OF FOODS.

Meat. One licensed Slaughterhouse in the town continued in use throughout the year. Meat inspection was regularly carried out by the Public Health Inspector. The standard of cleanliness maintained at this slaughterhouse has been satisfactory and the quality of meat produced has been good.

Ice Cream. Twenty four samples were taken, nineteen falling within category Grade 1 and five within category Grade 2, these were considered to be satisfactory.

Milk. During the year five licences were issued authorising the use of the Special Designation "T.T. Tested" and one licence authorising the use of the Special Designation "Pasteurised" in relation to milk sold within the district. Fourteen samples were taken all of which were satisfactory.

Food Premises. Routine inspections of food premises continued to be made and advice given where necessary relating to the conduct of food premises and the handling of food for sale in accordance with the provisions of the Hygiene Regulations made under the Food and Drugs Act, 1955. A small number of written requests were made to food traders asking them to bring their premises up to the standard required by the regulations, mainly in respect of the provision of wash hand basins with hot and cold water. In addition, an attempt was again made by means of posters and circulars to bring the attention of food traders to the importance of preventing contamination of the food by flies, dirt, infected hands and other sources. A quantity of unsound food was dealt with and after condemnation was delivered to the Council's refuse tip for destruction.

The number of food premises registered under Section 24 of the Food and Drugs Act, and the number of dairies registered under the Milk and Dairies Regulations, 1949, were as follows:-

Premises registered for sale of Ice Cream	16
Premises registered for the sale of meat, sausages, preserved food, etc.	10
Registered Dairies	16.

Carcases and Offal Inspected and Condemned in whole  
or in part during 1958.

	<u>Cattle excluding Cows</u>	<u>Cows.</u>	<u>Calves.</u>	<u>Sheep &amp; Lambs</u>	<u>Pigs</u>	<u>Horses.</u>
Number killed	106	-	-	127	291	-
Number Inspected	106	-	-	127	291	-
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcases of which some part or organ was condemned	6	-	-	-	-	-
Percentage of the number inspected affected with diseases other than tuberculosis and cysticerci.	5.66	-	-	-	-	-
<u>Tuberculosis only:</u>						
Whole carcasses condemned	1	-	-	-	-	-
Carcases of which some part or organ was condemned	2	-	-	-	8	-
Percentage of the number inspected affected with tuberculosis	2.83	-	-	-	2.74	-
<u>Cysticercosis</u>						
Carcases of which some part of organ was condemned.	-	-	-	-	-	-
Carcases submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned.	-	-	-	-	-	-



# SECTION 'F'

## PREVENTION AND CONTROL OF INFECTIOUS DISEASES.

### NOTIFICATIONS (Corrected)

Scarlet Fever	2	Acute Encephalitis Infectious	-
Whooping Cough	-	Post Infectious	-
Poliomyelitis,		Enteric or Typhoid Fever	-
Paralytic	-	Paratyphoid Fever	-
Non-Paralytic	-	Erysipelas	-
Measles	110	Meningococcal Infection	-
Diphtheria	-	Food Poisoning	-
Acute Pneumonia	-	Enteritis	-
Dysentery	-	Malaria	-
Smallpox	-	Tuberculosis Pulmonary	2
Puerperal Pyrexia	-	Non Pulmonary	-
Infective Hepatitis	-		

## TUBERCULOSIS

The following are the Mortality Rates:-

Pulmonary Tuberculosis Mortality Rate - Nil per 1000 population  
Non-Pulmonary Tuberculosis Mortality Rate - Nil per 1000 population.

### NEW CASES OF TUBERCULOSIS NOTIFIED DURING 1958

<u>Ages</u>	<u>Pulmonary</u>		<u>Non-Pulmonary</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females.</u>
Under 5 yrs.	-	-	-	-
5 - 14 yrs.	-	1	-	-
15 - 24 yrs.	-	-	-	-
25 - 44 yrs.	1	-	-	-
45 - 64 yrs.	-	-	-	-
65 and over.	-	-	-	-
<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>-</b>

### NUMBER OF CASES OF TUBERCULOSIS ON REGISTER AT

31st. December 1958.

	<u>Pulmonary</u>		<u>Non-Pulmonary</u>		<u>TOTAL</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females.</u>
31st. Dec. 1958	11	12	2	4	13	16
31st. Dec. 1957	16	11	2	4	18	15
31st. Dec. 1956	17	9	1	4	18	13



## DIPHTHERIA IMMUNISATION

The following is the number of primary immunisations and booster injections given during the last five years in respect of Area 1.

Year	Primary Injections				Booster Injections		TOTALS
	Under 1	%	Age 1 - 4	Age 5 - 14	Under 5	Age 5 - 14	
1958	305	44%	61	9	53	55	483
1957	312	45%	118	86	63	543	1122
1956	390	59%	132	193	44	667	1426
1955	321	51%	176	151	33	573	1254
1954	258	38%	93	383	56	2075	2865

## VACCINATION AGAINST SMALLPOX.

Vaccination of children (under 5 years of age) during the last five years in Area No. 1.

	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958.</u>
No. of live births registered.	682	631	662	685	694
No. of vaccinations recorded (0-4 years)	328	311	421	445	449
Percentage vaccinated	48%	49%	64%	65%	65%

## VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisation and booster injections given in Area No. 1 since the introduction of the scheme in 1956.

	<u>PRIMARY</u>		<u>BOOSTER</u>	TOTALS.
	Children born 1943 - 58.	Adults.	Children born 1943 - 58.	
1958	6,665	225	1707	8,597
1957	1,166	-	-	1,166
1956	167			167

## INFECTIOUS DISEASES.

**MEASLES:** Measles again headed the list of notified infectious diseases with 110 cases.

The Chief Medical Officer to the Ministry of Health has written that it is often said that notification of measles has long served its purpose as a war time measure of the health of children, and that the relevant regulations should be revoked. On the other hand, measles is a virus disease devoid in the main of grave consequences, liberally distributed and reasonably well notified, affording the Medical Officer of Health ample opportunity for epidemiological studies which may, in turn, throw light on other virus diseases characterised by droplet spread. Work in the United States of America suggests that ultimately it should be possible to develop a suitable measles vaccine.

In this country, careful scrutiny of notifications in one county borough has thrown doubt on the customary view that epidemics of measles recur biennially, or as some regard it, in biphasic form with major and minor phase in alternate years. The alternative theory is that measles may be more correctly considered as endemic, with notifications occurring in irregular waves throughout the years.

**SCARLET FEVER.** There were two cases of Scarlet Fever notified. It must be remembered that the streptococcal causing scarlet fever in one child may cause a streptococcal sore throat in another but without the rash. The former condition is notifiable, but the latter though virtually the same apart from the skin manifestation, is not.

**TUBERCULOSIS.** Two cases of Pulmonary Tuberculosis were notified during the year. The same number as last year.



# FACTORIES ACTS, 1937 and 1948.

## PART 1 OF THE ACT.

### 1. INSPECTIONS for the purposes of provisions as to health (including inspections made by Public Health Inspector.)

<u>Premises</u>  (1)	<u>M/C</u> <u>Line</u>  (2)	<u>No. on</u> <u>Register.</u>  (3)	Number of		
			<u>Inspect-</u> <u>ions.</u>  (4)	<u>Written</u> <u>Notices</u>  (5)	<u>Occupier</u> <u>Prose-</u> <u>cuted. &amp;</u> <u>(6)</u>
(i) Factories in which Secs. 1, 2, 3, 4 & 6, are to be enforced by Local Authority.		22	30	-	-
(ii) Factories not included in (i) in which Sec. 7 is enforced by Local Authority.		36	42	-	-
(iii) Other premises in which Sec. 7 is enforced by Local Authority (excluding out workers premises.)		-	-	-	-
TOTAL		58	72	-	-

2. CASES IN WHICH DEFECTS were found.

<u>Particulars</u>	Found	Remedied.	Referred		No. of cases in which prosecutions were in-stituted.
			To H.M. Inspector.	By H.M. Inspector.	
Want of Cleanliness	-	-	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature.	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage to floors.	-	-	-	-	-
Sanitary Conveniences					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective.	2	2	-	-	-
(c) Not separate for sexes.	-	-	-	-	-
Other offences against the Act (not including Offences relating to Outwork.)	-	-	-	-	-
TOTAL	2	2	-	-	-

OUTWORK

Nil.





